

BARBARA DAUGHTRY HENRY,

GRANTOR

TO

GPHI, LLC,
a Mississippi limited liability company,

GRANTEE

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, BARBARA DAUGHTRY HENRY, do hereby convey and quitclaim unto GPHI, LLC, a Mississippi limited liability company, all my right, title and interest in and to the land lying and being situated in the City of Olive Branch, DeSoto County, Mississippi, described as follows, to-wit:

Lot 1, Division of the Barbara Henry Property, situated in Section 36, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 57, Page 39, Chancery Clerk's Office, DeSoto County, Mississippi.

By way of explanation, the above described property was acquired by the Barbara Daughtry Henry and husband, Richard H. Henry, as tenants by the entirety with full rights of survivorship and not as tenants in common. The said Richard H. Henry died on November 28, 1990 as evidenced by a copy of his death certificate attached hereto as Exhibit "A".

WITNESS MY SIGNATURE, this the 24th day of April, 2008.

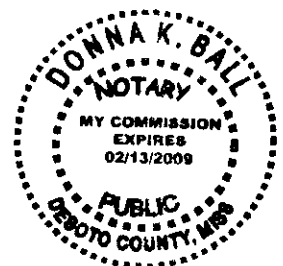
Barbara Daughtry Henry
BARBARA DAUGHTRY HENRY

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 24th day of April, 2008, within my jurisdiction, the within named BARBARA DAUGHTRY HENRY, who acknowledged that she executed the above and foregoing instrument.

Donna K. Ball
NOTARY PUBLIC

My Commission Expires: 2-13-09



WLNS

GRANTOR'S ADDRESS:

2368 Drake Cove
Hernando, Ms. 38632
Home Phone: 901-351-2637
Work Phone: 901-545-8544

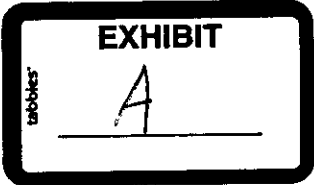
GRANTEE'S ADDRESS:

P. O. Box 7
Tunica, MS 38676
Phone: 662-363-0002

PREPARED BY AND RETURN TO:

JAMES E. WOODS
WATKINS LUDLAM WINTER & STENNIS, P.A.
P. O. Box 1456
Olive Branch, MS 38654
(662) 895-2996

F#00931.29977



TYPE OR PRINT WITH BLACK INK	FILING DATE		CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER		123-					
	DECEASED			1. NAME First Middle Last Richard H. Henry		2. SEX MALE		3a. HOUR OF DEATH 10:15p ^m		3b. DATE OF DEATH (Month, Day, Year) November 28, 1990		
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 40 Years		ONLY IF UNDER 1 YEAR 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) MARCH 16, 1950		7a. COUNTY OF DEATH DESOTO			
	7b. CITY OR TOWN OF DEATH Southaven		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give Street address, route number or other location) Baptist Hosp. Desoto - 17B		7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM. OR DOA Inpt.		8. STATE OF BIRTH TN					
For RESIDENCE items, enter actual location of home rather than mailing address	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) 12 (14-15) 5		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) BARBARA DAUGHTRY		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO					
	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14. SOCIAL SECURITY NUMBER 411-84-1460		15a. USUAL OCCUPATION (Kind of work done most of working life) R.N.		15b. KIND OF BUSINESS OR INDUSTRY PARKWOOD HOSP.					
16a. RESIDENCE—STATE MS		16b. COUNTY DESOTO		16c. CITY OR TOWN OLIVE BRANCH		16d. INSIDE CITY LIMITS (Specify Yes or No) NO		16e. STREET AND NUMBER OR RURAL LOCATI 5237 GOODMAN RD.				
PARENTS		17. FATHER—NAME First Middle Last JAMES H. HENRY		18. MOTHER—NAME First Middle Maiden BENNIE WADE BRUNSON								
INFORMANT		19a. INFORMANT—NAME (Type or print) BARBARA HENRY		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5237 GOODMAN RD. OLIVE BRANCH, MS								
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY—NAME FOREST HILL CEM.		20c. LOCATION (City and State) MEMPHIS, TN		21a. EMBALMER—SIGNATURE AND NUMBER				
PRONOUNCEMENT		21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL FUNERAL HOME		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. BOX 34577, MEMPHIS, TN 38184								
CERTIFIER		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Dr. Roger LaBonte		22b. PRONOUNCED DEAD (Month, Day, Year) ON Nov. 28, 1990		22c. PRONOUNCED DEAD (Hour) AT 10:15 p						
Mississippi State Board of Health Form No. 511 Revised 1-1-89	23a. CERTIFIER—NAME (Type or print) <i>[Signature]</i>		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		23c. SIGNATURE <i>[Signature]</i>		23d. TITLE MD		23e. DATE ON Nov. 28, 1990		23f. SIGNATURE <i>[Signature]</i>	
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE 24g. DATE (Month, Day, Year)									
CAUSE OF DEATH		25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) <i>Respiratory Failure</i> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) <i>Pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) <i>Chronic obstructive pulmonary disease</i>		26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED MEDICAL EXAMINER? (Yes or No)				
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY m. 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRE		29e. INJURY AT WORK (Yes or No) 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office, building, etc.) 29g. LOCATION Street or route number City or town State								

INSTRUCTIONS

1. This certificate should be completed using a typewriter.

2. The institution where death occurs must complete items 1, 2, 7 and 22 and retain the pink copy.

3. The certifier must complete the "Certifier" and "Cause of Death" sections, forward the certificate to the funeral director within 3 days, and keep the blue copy for his records.
4. The funeral director should complete all remaining items and file the certificate with the State Board of Health within 5 days of death.

5. The yellow copy may be used as a burial-transit permit if the certificate has been completed and signed prior to transit.